2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A94000001433 FILED Apr 18, 2005 08:00 AM Secretary of State HARDULA S.C. COMPANY, LTD. Principal Place of Business Mailing Address C/O SOUTHERN MANAGEMENT & DEV. L.P. P.O. BOX 11229 KNOXVILLE, TN 37939 5410 HOMBERG DR KNOXVILLE, TN 37919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02252005 CR2E003 (10/03) Chq-LP City & State Applied For 4. FEI Number City & State Not Applicable 59-3584584 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTERS, CLIFFORD L Street Address (P.O. Box Number is Not Acceptable) **802 11TH STREET WEST** BRADENTON, FL 34205 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$7,500.00 as Shown on record. in PLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P94000078687 DOCUMENT# STREET ADDRESS WAULEE CORPORATION NAME STREET ADDRESS 550 MAMARONECK AVENUE, SUITE 404 CITY-ST-ZIP CITY-ST-ZIP HARRISON, NY 10528 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1,00000313853 DOCUMENT # 04/18/05-80144-003 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-782 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empoyed to execute this report as required by Chapter 620, Florida Statutes

Davitme Phone #

THE AND SPECIAL PARTIES HAVE OF SIGNING GENERAL PARTNER

General Pormer

Wavlee Corporation, General

SIGNATURE: